

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814**

(916) 498-5700 Fax: (916) 498-571

Daniel J. Broderick  
Federal Defender

Linda Harter  
Chief Assistant Defender

July 28, 2006

**FILED**

JUL 28 2006

Mr. Bruce Locke  
Attorney at Law  
555 University Avenue, #150  
Sacramento, CA 95825

Re: U.S. v. Everado Hernandez  
Cr.S-05-095-MCE

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

BY \_\_\_\_\_ DEPUTY CLERK

Dear Mr. Locke:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

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1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Hernandez, Edward	VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER 2:05-00095-001		4. DIST. DKT./DEF. NUMBER 2:05-00095-001	5. APPEALS DKT./DEF. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. Hernandez		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)  LOCKE, BRUCE 555 UNIVERSITY AVENUE SUITE 150 SACRAMENTO CA 95825  Telephone Number: (916) 569-0667		13. COURT ORDER  X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney  C Co-Counsel R Subs For Retained Attorney Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) <i>Dale A. Dyer</i> Signature of Presiding Judicial Officer or By Order of the Court 06/23/2006 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(Rate per hour - \$ 92 ) TOTALS:						
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour - \$ 92 ) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.						
Signature of Attorney: _____ Date: _____						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE		

**FINANCIAL AFFIDAVIT****IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE**

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)  
IN THE CASE OF

UNITED STATES vs.Everardo Hernandez  
Alvarez

FOR

EASTERN DISTRICT OF CA.

AT

SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

DOCKET NUMBERS

Magistrate

District Court

CR. S. 05. 095 MCE

Court of Appeals

PERSON REPRESENTED (Show your full name)

Everardo Hernandez  
Alvarez

CHARGE/OFFENSE (describe if applicable &amp; check box →)

 Felony  MisdemeanorConspiracy to Possess Meth

- Defendant - Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify) \_\_\_\_\_

**ANSWERS TO QUESTIONS REGARDING FINANCIAL DATA**Are you now employed?  Yes  No  Am Self Employed

Name and address of employer: \_\_\_\_\_

EMPLOY-  
MENTIF YES, how much do you  
earn per month? \$ \_\_\_\_\_

IF NO, give month and year of last employment

How much did you earn per month? \$ \_\_\_\_\_

If married is your Spouse employed?  Yes  No Separated about 2 yearsIF YES, how much does your  
Spouse earn per month? \$ \_\_\_\_\_If a minor under age 21, what is your Parents or  
Guardian's approximate monthly income? \$ \_\_\_\_\_

## ASSETS

OTHER  
INCOMEIF YES, GIVE THE AMOUNT  
RECEIVED & IDENTIFY \$ \_\_\_\_\_  
THE SOURCES \_\_\_\_\_

## RECEIVED

## SOURCES

## CASH

Have you any cash on hand or money in savings or checking account  Yes  No IF YES, state total amount \$ \_\_\_\_\_PROP-  
ERTYIF YES, GIVE THE VALUE AND \$ \_\_\_\_\_  
DESCRIBE IT \_\_\_\_\_

## VALUE

## DESCRIPTION

OBLIGATIONS  
& DEBTS

## DEPENDENTS

- MARITAL STATUS
- SINGLE
  - MARRIED
  - WIDOWED
  - SEPARATED OR DIVORCED

Total  
No. of  
Dependents  
\$

List persons you actually support and your relationship to them

Karina Alvarez Daughter  
 Everardo Alvarez Son  
 Shantel Alvarez Daughter  
 Carmen Alvarez Wife

DEBTS &  
MONTHLY  
BILLS(LIST ALL CREDITORS,  
INCLUDING BANKS,  
LOAN COMPANIES,  
CHARGE ACCOUNTS,  
ETC.)APARTMENT  
OR HOME:

Creditors

Total Debt

Monthly Payt.

\$	\$
\$	\$
\$	\$
\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

6/23/06

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Everardo Alvarez GT